SUBMAT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO: Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD GOUNTY, WISCONSII

p (Received)

072014

Date: Amount Paid:

Permit #: \$186

complete. I (we) acknowledge that I (we) mit. I (we) further accept liability which county ordinances to have access to the	nd complete. I (we) ac permit. I (we) further ng county ordinances	RESULT IN PENALTIES and belief it is true, correct an termining whether to issue a alsocharged with administeri	HOUT A PERMIT WILL t of my (our) knowledge : by Bayfield County in de consent to county offici	NG CONSTRUCTION WITH to be with this application. I (we)	FAILURE TO OBTAIN A PERMIT of STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES to for including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and c let for the retail and acturacy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a per operty at any reasonable time facthe purpose of inspection.	FAILURE TO OBTA of the area of a companying information I fing on this information I for the three factors of the purpose of t	Collegith (including the detail and a leid county relying the at any reasonal the arms of	I was able that indication including am (are) responsible for the detail and able to may be a result of Bayfield County relying cabove described property at any reasonable. Owner(s):
			1,000	The state of the s	ain)	_	2	\ \C
	× >	The state of the s	- Address - Addr		Conditional Use: (explain)	Conditional		3
	<				: (explain)	Special Use: (explain)	suance 🗆	Rec'd for Issuance
	×			teration (specify)	Accessory Building Addition/Alteration			
	×		7,744		Building (specify)	<u> </u>		
A A of Studio	×	(The state of the s	Iteration (specify)	-		☐ Municipal Use
ひるの むいいれ	Ų				Mobile Home (manufactured date)			-
436	1 5	+	☐ cooking 8	sleeping quarters, or	Bunkhouse w/ (sanitary, or 's sleeping quarters,		₽ P	Garage
)	`\ * ×		7	P P	with Attached Garage		Use	☐ Commercial Use
	×			mythole and the second	with a Deck			
h,	×	(and the same of th		with (2"") Porch	W. dans		
	×				with a Porch		Use	Residential Use
	×				with Loft			
	×			nack, etc.)	Residence (i.e. cabin, hunting shack,	-		
Square	Dimensions	,		Proposed Structure	Principal Structure (first structure on proposet)	1.000		Froposea Use
 	0							7
17 17 12 20 14 87	Height:	Width: 38		Length: 36	is relevant to it)	(if permit being applied for is relevant to it) tion:	e: (If permit	Proposed Construction:
CHRO C		None			1000			
210		Compost Toilet			Poundation	Ly .		
	contract)	Portable (w/service co	□ None □		No Basement	Run a Business on	Run a B	
O gallon)	Vaulted (min 20	Privy (Pit) or			1 1	Relocate (existing bldg)	☐ Relocat	\downarrow
	pecify Type:	Sanitary (Evists) Specify Type:		C real Round	2-Story	sion	☐ Conversion	\$2,000
-		Municipal/City		* Seasonal	1-Story	Addition/Alteration	Addition	•
	property:	o di nic			1 Story	opetruction	V New C	material
Water		What Sewer/San	# # Of	Use	# of Stories and/or basement	Project	P	Value at Time of Completion * include donated time &
				Anti-lika Anti-l		A. (A. (A. (A. (A. (A. (A. (A. (A. (A. (□ Non-Shoreland
``\		feet	The state of the s	If yescontinue	A Second			1
	Floodplain Zone? ☐ Yes	Distance Structure is from Shoreline:	Distance Structur	Pond or Flowage	\square Is Property/Land within 1000 feet of Lake, Poi	perty/Land withir	□ Is Prop	Xonoreland —
ty in Are Wetlands		e is from Shoreline: $14c$ feet	Distance Structure	am (ind. Intermittent)	Lis Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? If yes—continue —	perty/Land within r Landward side o	Creek or	
7.12	950			रिटा		***************************************		
Acreage	ze	Lot Size		Town of:	J, Range 6 W	, Township 51 N, Range	NOT. TOW	Section
	Subdivision:	Block(s) No. Subdi	Lot(s) No.	CM VOI & Page	なった。	1/4	1	1/4,
Page(s) 6 (C	ne <u>649</u>	.) ecce	25-105-003	21-64	tatement)	Legal Description: (Use Tax S	Legal De	LOCATION
Recorded Document: (i.e. Property Owngreshin)	ded Document: (Recol	***	PIN: (23 digits)		- 1		PROJECT
Written Authorization		ss (include City/State/Zip):	Agent Mailing Address	Agent Phone: A		(Person Signing Application on behalf of Owner(s))	(Person signing	namonzeu rgent.
1100 20 20 20 20 20 20 20 20 20 20 20 20 2		bechend	Derzis B	3914	L_	2 705	\c\{\d}	Stephe
612-867-7033	6	4827	H	10	+ 22	6. W	F. Kome	Contractor:
Cell Phone:	00040		1)		ope
	N' C.	<u> </u>	D C	4836 Westarte	48	2446	5	大のここ
OTHER	B.O.A.	JSE ☐ SPECIAL USE ite/Zip:	CONDITIONAL USE City/State/Zip:	Mailing Address:	□ SAN	U F LAND USE	VERGEST	Owner's Name:
					VE BEEN ISSUED TO APPL	TIL ALL PERMITS HA	TRUCTION UN	TYPE OF PERMIT
1,6214		Refund:	ning Dept.	Bayfield Co. Zoning Dept.	INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.	issued until all fees ld County Zoning De	ermits will be able to: Bayfie	INSTRUCTIONS: No p
A TO RUMAN	Joseph			- 401 07 (1)14				
•		-	Ì				73-6138	: (cT/)

Owner(s): Sense (If there are Multiple Own

on the

Deed <u>All</u> Owners must sign \underline{or} letter(s) of authorization must accompany this application)

Authorized Agent:

(If you 1

signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

00 03 00

65+

Non

7

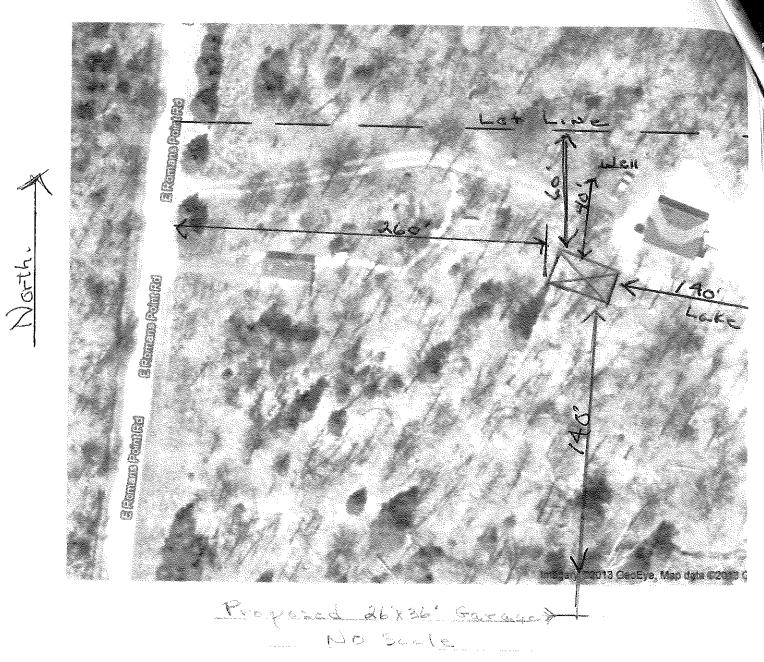
MN 55345 Attach
Copy of Tax Statement
recently purchased the property send your Recorded Deed

Date

Date

Coge

To see all the details that screen, use the "Print" link



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89530 E. ROMANS POINT ROCK

Ken Dark 612-867-7633